

Entered - 10-24-00- sb  
CL 00L0654 - ALEXIS HOLMES

01- R-1393

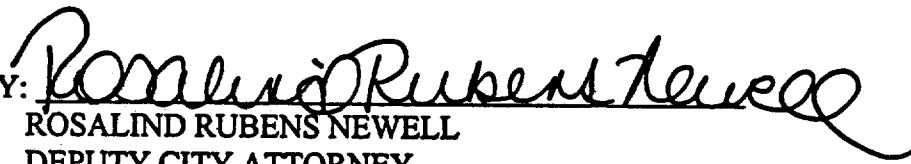
CLAIM OF: S. ELAINE BOGLIN  
1619 Centra Villa Drive, SW  
Atlanta, Georgia 30311

For damages alleged to have been sustained as a result of a vehicle accident on August 20, 2000 at 1619 Centra Villa Drive, SW.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION  
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to S. ELAINE BOGLIN the sum of \$2,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicle accident on August 20, 2000 at 1619 Centra Villa Drive, SW as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0654

Date: 8/28/01

Claimant /Victim S. ELAINE BOGLIN

BY: (Atty) \_\_\_\_\_

Address: 1619 Centra Villa Drive, SW Atlanta, Georgia 30311

Subrogation: Claim for Property damage \$ 2,413.00

Bodily Injury \$ \_\_\_\_\_

Date of Notice: 10/19/00

Method: Written, proper X

Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X

Ante Litem (6 Mo.) X

Date of Occurrence 8/20/00

Place: 1619 Centra Villa Drive, SW

Department Public Works

Division: Sewer Operations

Employee involved David Smith

Disciplinary Action Recommended 10 day suspension

**NATURE OF CLAIM:** The claimant sustained damages to her property when a City worker driving a City vehicle backed up into her driveway, and struck her carport causing damages in the above amount.

### INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant X Other X Written X Oral X

Pictures X Diagrams \_\_\_\_\_ Reports: Police X Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable X

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement X

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

*Alexis Holmes*

INVESTIGATOR - ALEXIS HOLMES

### RECOMMENDATION:

Pay \$ 2,000.00 Adverse \_\_\_\_\_ Account charged: 1A01 \_\_\_\_\_ 2J01 X 2H01 \_\_\_\_\_

Claims Manager: [Signature] Concur/date 08-30-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Holmes

10/23/00

Today's Date: 10-1-2000

ENTERED - 10-24-00 - SB  
00L0654 - ALEXIS HOLMES

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2413.00 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 8-20-2000 (month/day/year) 2. Time of Incident: Sun. 6:00 PM 3. Police called: ✓ Yes No
4. Location of incident (including street address): Car Port at 1619 Centra Villa Dr. S.W., Atl, Ga. 30311
5. Name of your insurance company: State Farm Ins. Policy No. 11-ET-5377-4
6. State what and how incident occurred: City Government truck tag #135523 backed in my drive way and hit the end of my carport and crushed the gutter and broke the wood behind the gutter and the overhang was knocked out.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your vehicle: \_\_\_\_\_  
(Make) (Year) (Tag Number) (Driver's Name)  
City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

S. Elaine Boglin  
Signature of Claimant

S. Elaine Boglin  
(Print Claimant's Name)

1619 Centra Villa Dr. S.W.  
(Address)

Atlanta, Ga. 30311  
(City, State and Zip Code)

(Work Number)

404 758-3712  
(Home Number)